5393 CERTIFICATE OF DEATH Reg. Dist. No. 115285 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY/ ROL MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAYAN 16 c. CITY OR JOWN (A outside comparate limits, write RURAL and give nearest town) RUPAL and give hearest town BORO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DAYE Month Day Year DECEASED OF DEATH 14AR RIE BULLOC Br (Type or print) 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years AF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED T DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, every if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic Myocardi IMMEDIATE CAUSE (o) DUE TO permit. Generalized Arteriosclerosis Conditions, if any, which lb1 gove rise to immediate DUE TO couse (a), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Fracture of pelvis YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Hour o. ft. foctory, street, office bldg., etc.) While Not while of work of work 19.61 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 2: 30 AM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR Greensboro Charles PHYSICIAN'S NAME (Type) Stone er. M.D. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 26 **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAY 3 1 '61 Circling S. Thouse

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH
a. COUNTY
Ca
b. CITY OR TOWN (If outside and give nearest form)
De

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. U5386

PLACE OF DEATH	Caroline		MARYLAND	2. USUAL RESIDENCE (M		sed lived. If Instit b. COUN	ry o	oefore adm	
b. CITY OR TOWN (If and give rearest fown	outside corporate limits, write Denton	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside cor	•			
d. NAME OF HOSPITA	AL OR INSTITUTION (II	not in has	pital, give street address)	d. STREET ADDRESS				ON	ESIDENCE A FARM? NO 3
3. NAME OF DECEASED (Type or print)	Henr	у	Middle Edward C	arist, Sr.	4. DATE OF DEATH	May	23,	,	ear 9 61
5. SEX	6. COLOR OR RACE	7. MARRIE	DIVORCED DI	8. DATE OF BIRTH Aug. 15,1	892	9. AGE (In years lost birthday) OS yrs.	Months Days	R IF UND Hours	ER 24 HRS. Min.
ret. N	g life, even if refired)		IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote New Yo		ountry)	12. CITIZEN		COUNTRY
13. FATHER'S NAME F'r	ederick C	hrist	t	14. MOTHER'S MAIDEN N Yohan		nknown)			
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR			ns. Henry C	hrist	Address t, Dent			
Conditions, if as gave rise to immed (a), stoting the account lost.	finderlying DUE TO	A.P	SCRNDING TO DEATH BUT	A STORY TO THE TERMINATE OF THE TERMINAT	1	E CONDITION GI	OF THE IN PART IO	2 y	Y S
PART II. OTH							THE HAT PART HOS		RMED?
	NTRIBUTING []	. DESCRIBE	HOW INJURY OCCURRED. (Enfor noture of injury in Part	l I or Port il	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	While	Not while for at work	ACE OF INJURY (Home, form tory, street, office bldg., etc.)	20f. (City	or tawn)	(County)		(State)
			Accident , Su	_	AMINER	ndetermined			find the
EXAMINER'S NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF		PAR NAME OF CEMETERY OF	DEPUTY MEDICAL E	22d. LOCA	TION (City, town,		(Stote	15-1
REMOVAL (Specify)		1961	Arlington I		BY REGIST		Virgi Istrar's signatu	URE	

VS. A15ME(5) 5M 9/55

or remayol.

TITY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any toy is necessary, please executed to certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the finest director. Page 4 should be warded to the Chief Medical Examiner's Office along with form IM3. Page 3 may be retained for your files.

UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5395 PLACE OF DEATH. a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) NAME OF First Middle DECEASED (Type or print) 6. COLOR OR BACE 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if getired)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

Day, Year

21. I certify that I attended the deceased fram.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

20b. DESCRIBE HOW INJURY OCCURRS

While Not while at work

20e. PI

and that death

22c-NAME OF CEMETERY C

ADDRESS

20d. INJURY OCCURRED

PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)

Conditions, if any, which

gave rise to immediate

cause (a), stating the under-

20c. TIME OF INJURY Month,

Hour a. 11.

SIGNATURE

PHYSICIAN'S

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

270. BURIAL, CREMATION, 225, DATE THEREOF

lying couse last.

CHIT

IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

AIE OF DEATH	1	Reg. Dist. No.	00387
2. USUAL RESIDENCE (W) o. STATE	rere deceased lived. If institution b. COUNTY	n: Residence befor	odmission)
C. CITY OR TOWN (III O	outside corporate limits, write RU	JRAL and give near	rest town)
d. STREET ADDRESS			ON A FARM? YES NO
ILER, SR.	4. DATE OF Mont OF DEATH	9	196/
8. DATE OF BIRTH JUNE 2	1885 P. AGE (In years lost birthday) yrs.	Months Days	Hours Min.
ISTRY 11. BIRTHPLACE (State	or foreign country)	12, CITIZEN QI	F WHAT COUNTRY?
14. MOTHER'S MAIDEN N	CULP		
My FRAMIC	CEST, D	ETWI	LER
cardial &	vailure	INTE	RVAL BETWEEN ET AND DEATH
Till Mi		10	159-196
	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19	PERFORMED?
D. (Enter nature af injury in I	Part I or Part II of item 18.)		
ACE OF INJURY (Home, farm ctary, street, office bldg., etc.	20f. (City or town)	(County)	(State)
000000 at 436			w the deceased
	ADDRESS (Street, city or town, s		DATE SIGNED
A.		w	ay 12° -61
R CREMATORY	22d, LOCATION (City, lown, or	county]	State

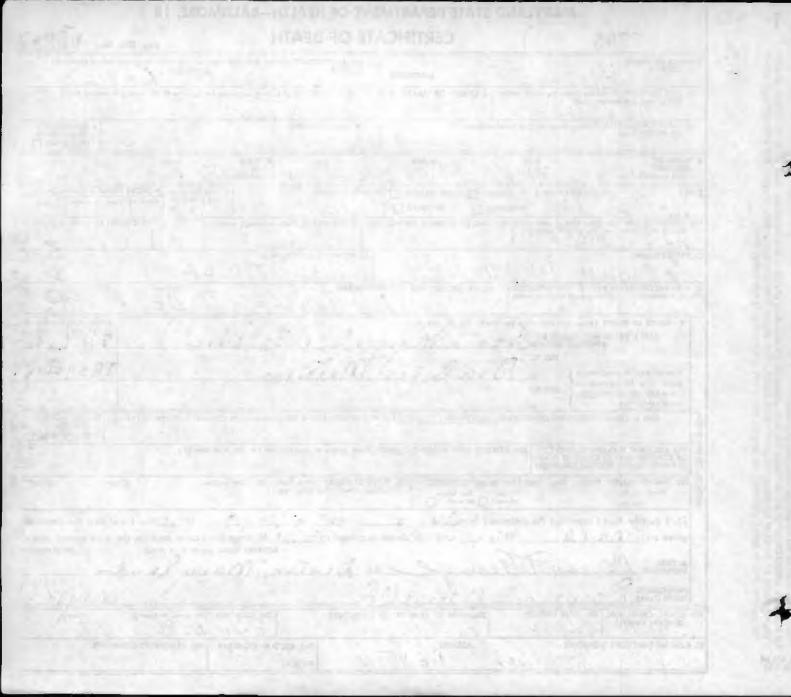
24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DAMEAY 1 8 '61

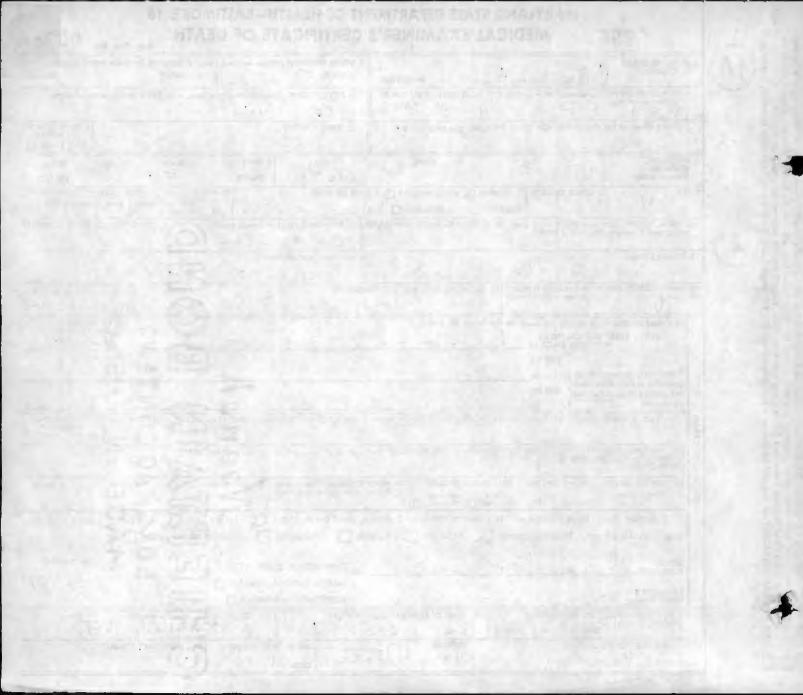
Poges 1 and 2 should be filed with Page urs ofter deoth. and campletely filled executed within corban papers. after death. attending physician edse ā þ hospital or attending physician. After this certificate has been signed removal, and shauld be detached for use as the buriol-transit AL DIRECTOR: prior TO HOSPITAL OR TO FUR

13. FATHER'S NAME



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. 6288 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY PU b. COUNTY MARYLAND burial. b. CITY OR TOWN Ill outside corporate limits, write \$119AL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE registror prior ON A FARM? Greip Farm. Tanvard YES NO NO NAME OF Middle 4. DATE -DECEASED OF DEATH (Type or print) 10 6/ for 7. MARRIED A S. SEX 6. COLOR OR RACE NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS. the WIDOWED T DIVORCED T 3 10 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup pe 13. FATHER'S NAME DE4 AUNG HASCUF 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if one, which gave rise to immediate couse along **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc. Hour Not while O. m. of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 7 Inquiry death resulted fram: Natural causes Accident . Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL 0 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIST UN 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH

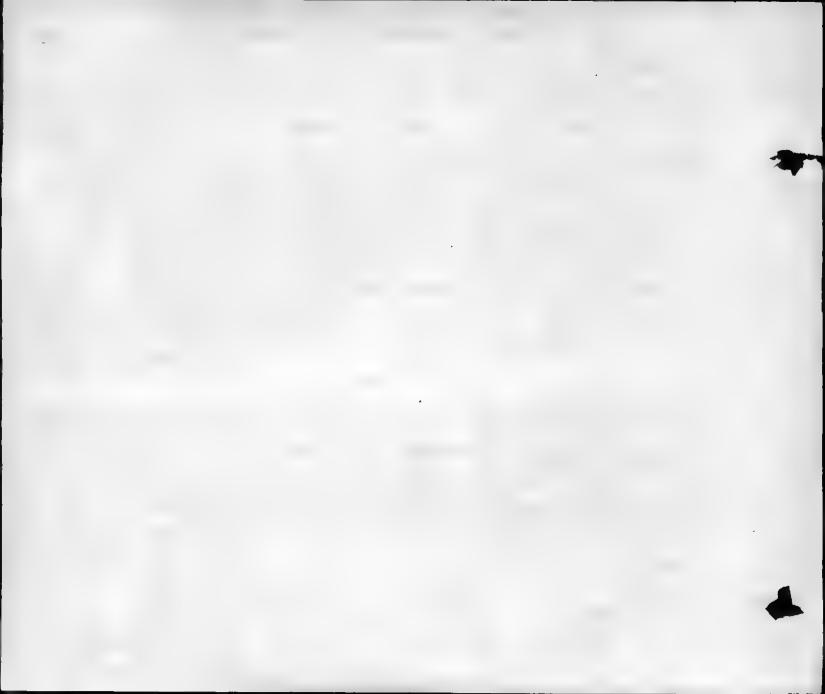
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

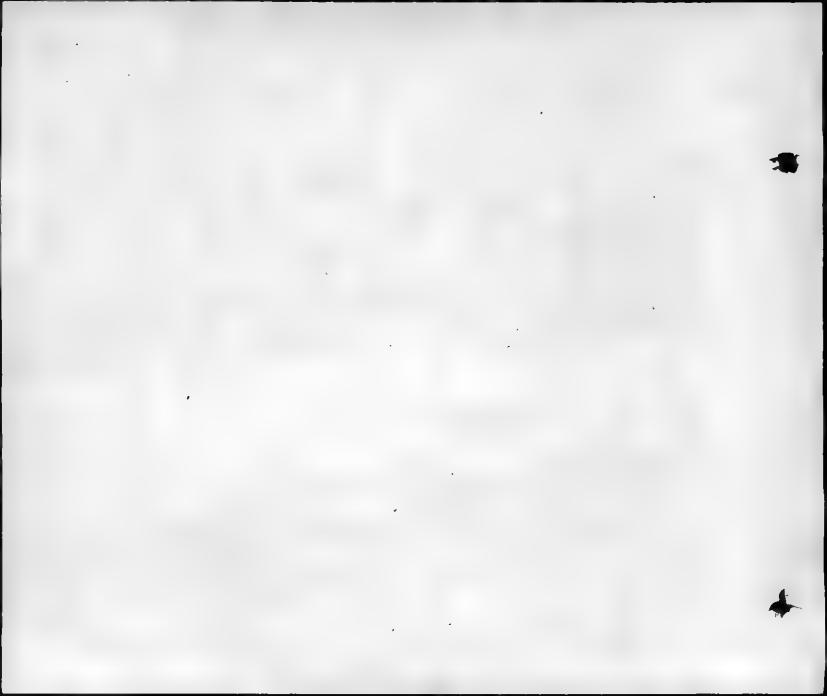
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	(if outsida corporate limits, nd giva nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, w	ile kukar and one y	laarast town)
995	eston		X	Preston		
	PITAL OR INSTITUTION (if not in h	ospilal, giva straat addrass)	d. STREET ADDRESS	Treston		ON A FARM?
i.			1			YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nih Day	Year
(Type or print)	Trans d	W. Edg	013	DEATH May	23	19 61
5. SEX	6. COLOR OR RACE 7. MARR		DATE OF BIRTH	9. AGE (In yas	IF UNDER 1 YEAR	IF UNDER 24 HRS.
M	W widow		May 4. 187	lest birthday 5 AC yrs.	Months Days	Hours Min.
		KIND OF BUSINESS OR INDUSTR		by & State, or foreign country	y) 12. CITIZEN O	WHAT COUNTRY?
- 1	vorking lifa, avan if ratired)	arm	Maryla	nd		US
13. FATHER'S NAME	.er.		14. MOTHER'S MAIDEN	NAME	-	V
	Wooley Edge	.77	Just	lia Christo	nhan	
15. WAS DECEASED I	Wesley Edge	SOCIAL SECURITY NO. 17.		Addn	55	
no no, or unkown)	(If yas giva war or datas of sarvice)		T.	eona O. Edg	110	
	DEATH [Enter only one causa pa	13-22-7365 r lina for (a), (b), and (c).)	44)	colla o. nue	INT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY	· hardens	Daxina	Line To	ON	SET AND DEATH
181.0	DUE TO	incompa.	carcino	Yuching.		3 - MONACE
Conditions, if	0		of bladde	A write	4	4
gava risa to imme	idiala causa	excument	- massa	~		1 ageino
(a), stating tha	underlying DUE TO					
ceusa last.	(c)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION O	IVEN IN PART 1(n) 1	9. WAS AUTOPSY
20e. ACCIDENT OR CONTRIBUTION OF IF EITHER, NOTIC	A + .	, 60 1		Time In		PERFORMED?
E Chille	WAS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURED	ase - nac	Part Los Part II of item 18 1	rys.	res No Z
OR CONTRIBUTION	G CAUSE OF DEATH	EZCKIBE HOW INJUST OCCURED	, (Enter nature of injury in)	rest I di tell il ot lietil 10.)	,	
	FY MEDICAL EXAMINER)	LINE COLUMN A STATE OF THE STAT	or or this inn attack	1 201 (22)	1 Constant	(Stata)
20c. TIME OF IN			ACE OF INJURY (Homa, farm tory, street, office bldg., etc.		(County)	(Stata)
Pin	. 19 at w		A	1		
21. I certify	that (I) (this hospital) atte					
saw the dece	ased alive on 5-2	19. b. 1, and that	death occured at 22	157 from the cause	s and on the da	
22a. SIGNAYOR	RUD		ATTENDING	RED STAFF		22b. DATE SIGNED
Jan.	ule soul	connect "	(.D. PHYS.	DIRECTOR PHYS.		
22c. PHYSICIAN			22d. ADDRESS			
	Harold 13. 8	/ummer_	Prest	on, ma.		
23a. BURIAL, CREMA REMOVAL (Speci-	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(Stata)
Burial	75 01 -	Choptank		Choptanl		Md
24 FUNERAL DIRECT		ADDRESS	25a, REC	D'D BY REGISTRÂR 25b.	REGISTRAR'S SIGNA	TURE
11.1.	1 Still	A Preston,	Md. DAMAY	29'61 a	riling & House	
					- TOTALLE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5393 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where decaysed lived. If Institution: Residence before admission) COUNTY BROLTNE a. COUNTY MARYLAND c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM YES NO 3. NAME OF 4. DATE Day Year AULTN 19 6 (Type or print) DEATH IFUNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years Months Days WIDOWED [7] DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) MARL DRL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY PERFORMED? NO T 20g EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING DO CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) Month, Day, Year 20d. MJURY OCCURRED 3 200. PLACE OF NJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Not while factory, street, office bldg., etc.) While of work of work Inspection X. 21. I certify that I took charge of the remains described above, held an Altopsy Inquiry to the Chief DIRECTOR: 1 death resulted from: Natural causes . Accident 🔼 Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 🗌 **EXAMINER'S** DEPUTY MEDICAL EXAMINER 🎦 NAME (Type) 220 BUR AL, CREMATION, 225. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county, (Stote) 196 MAU ADDRESS 23. FUNERAY DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR YS. A15ME(5) DATE JUN SM 9/55



2 1010	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 - E	5399 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. U5391
cremo cremo	1. PLACE OF DEATH O. COUNTY (AROLINE MARYLAND) 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STAM DRYLAND b. COUNTY (AROLINE)
Cessary, Poge to burial,	b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest fown) CUCCAL PRESTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN If outside corporate limits, write RURAL and give nearest fown) RESTON
y is ner rector es. prior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
une vary egistrar	3. NAME OF DECEASED (Type or print) KATHERINE Middle HUPKINS 4. DATE OF DEATH MINY 27 1961
ath. If of the fained fai	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED NOV 14, 9 2 19 19 19 19 19 19 19 19 19 19 19 19 19
d 2 c d	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) WARY LAND 12. CITIZEN OF WHAT COUNTRY? WARY LAND
or 1, 2	WALLOCE HOPKINS DELLA CLEAVES
hin 2 ive P File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT UPLACE HOPKINS DENTON, MO
Jed 18.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) AND
be execution literal with farm	Conditions, if ony, which) 101 4 115 he d Chost- miles walky 185
should k n pencil a lang a burial	gove rise to immediate cause (a), stating the underlying DUE TO MULTIPLE TO STAY LS
ing"; Office ed as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19 WAS AUTOPSY PERFORMED?
be in the	YES NO DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. YES NO DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part I or Part II of item 18.)
EXAMINER: This riting the word and Medical Examer: Page 3 should	20c. TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e. PLACE OF INJURY (Hame, Farm, 20f. (City or tawn) (County) (Slate) Hour White Not while of work o
writing writing hief Mee	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that death resulted from: Natural causes . Accident , Suicide . Homicide . Undetermined cause .
AEDICAL EXAMINITY INTROPE, writing the chief Medical M	ACTUAL SIGNATURE SIGNATURE AND CHIEF MEDICAL EXAMINER [] DATE SIGNED
tre certi	EXAMINER'S DAWSON O ROYAL M. DEPUTY MEDICAL EXAMINER D
cute far TO FUT ar rei	22a. BURIAL CREMATION, 12b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DENTON, OF COUNTY) (Stote)
VS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE DATE! UN 1 '61 CANLING S. FLANDS



		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR S	TATE		5400 , MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	DEPT.	-	Reg. Dist. No. 12 USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission)
0 0 E		1. 3	LACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY: C
Po Files.	(BA)	7	CITY OR TOWN If authore corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give necres) fown)
ctor.	(IVI)	Y	RIVER PRESTAN
dire far y	\sim	9	NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS o IS RE DENCE ON A FARM?
E B B	X		YES 2 NO []
Sta Sta	, ,	1	NAME OF Lost 4. DATE Month Doy Year Type or printly 10 DESTHE WORLD
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3 F O	0	1	MIDOWED DIVORCED WOULS - 1930 Hours Min.
and and e 5 e 2 d 2	(I)	100	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BUSINFIACE (State or foreign country)
Page 1		L.°	Takener V Rouling life, even if retired) Rouling Javms Caroline USA
M3.		13.	FATHER'S NAME
e Por		16	WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 117, INFORMANT
Give Signature		(Yet	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IND. OF INALDOWN) IF YOU G YO WOT OF GOING OF SET (6) 2/2-/2-0142 Edna Hubbard Hurlock Md
18 18 In			18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
long long			PART I DEATH WAS CAUSED BY: AUTOMOBILITY SILLS ACCIDENT
in I	•		DUE TO A
Paris			Conditions, if ony, which) 101 MISTIPLE BY BY CATILLY OF GARA
and by the period of the perio			gove rise to immediate cause (a), stating the underlying DUE TO
should amir		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ndir ndir Ex sed	1	ATIO	PERFORMED?
dico dico		TIFIC	PRIMARY Or CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port H of Hem 18.)
word word Me uld I		CERT	CAUSE OF DEATH. ALL ON CONTRIBUTING LANGE OF DEATH.
The The Sho sho b	47	DICAL	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 70e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Hour While Not white foctory, street, office bldg, etc.)
ing the (ge 3		MEDI	3'30 pm 5-17 196 of work of house to Kurallissian Valley Me
AAM	1		21. I certify that I took charge at the remains described above, held an Autopsy [], Inspection [2], Inquiry [3], and in my
rded TOR			apinion death resulted from: Natural causes [], Accident [X], Suicide [], Homicide [], Undetermined manner []
A CONTROLLER			ACTUAL ACTUAL DE TON OF TON OF THE SIGNED
AEC Se Control of Cont			ASSISTANT MEDICAL EXAMINER
Se se			NAME (Type)) AWSON O DEPUTY MEDICAL EXAMINER A
Short Short		220	BURIAL CREMATION. 226. DATE THEREOF 28c NAME OF TEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Sipte)
5 , 5 ,	Sag.	K	em Burial 6/3/1961 Prashington Ceme Hurlock, Md.
VS. A15ME	*	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE
5M 2/57			DATE JUN 2 '61 CLE' 1 & King

11. OV/1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

_		2407		CERTI	FICA	TE OF	DEATH					05393
	PLACE OF DEATH	Caroline		MA	RYLAND	2. USUAL o STAT	TF `	yland	d lived. If institut b. COUNTY		ence befo roli	
	b. CITY OR TOWN (IF	autside corporate limit	, write	c. LENGTH OF STA		c. CITY	OR TOWN (If	outside corpo	orate limits, write	RURAL on	í give ne	prest town)
	Ridgely	7		82 Yr	s.	R:	idgely					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi None	ve street	oddress)		d. STR	EET ADDRESS	None	;			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF	Firs	1	Midd	Ite		Last	4. DATE	Мо	nth	Do	y Year
	DECEASED (Type or print)	Adeli	ne			Jack	son	OF DEATH	1	5	9	1961
S. :	SEX			RIED NEVER MAR	RIED 🗍	B. DATE OF			9. AGE (In years			IF UNDER 24 HR
	Female		WIDOWI			8-31	-1878		lost birthdoy) 82 yrs	Months.	Days	Hours Min
00	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. 81	RTHPLACE (State	or foreign c	ountry)	12.C	TIZEN O	WHAT COUNTR
	Housewif	ing life, even if retired)		None			Maryl	and			U.S	.A.
13.	FATHER'S NAME					14. MOT	HER'S MAIDEN	NAME				
		Charles	Grad	ce			Heste	r Hir	nes			
15.	WAS DECEASED EVER	IN U.S. ARMED FOR	ES? 16.		10. 17 H	FORMANT				dress .		
[10	NO	if yes, give wor or dates of se	LAICE	None	TV	label	Thoma	s 823	Benne	tt S	t. I	Wil. I
_		TH Enter only one cou	se per li								INT	ERVAL BETWEEN
CERTIFICATION	gove rise to in couse (o), storing I lying couse lost. PART II OTH			Dise	ease	with	Chr.M	yocar			ART 1(o)	9 WAS AUTOPS PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY	OCCURRE	D (Enter no	ture of injury in	Part I of Por	rt I) of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a m. p. m	/ Month, Doy, Yea	While	NJURY OCCURRED Not while of work			URY (Home, form office bldg , etc.		y or town)		(County)	(Slo
	21 I certify tho	t (I) (this hospital) ed alive on M	attend	ded the deceose	d from	Mar.	10 , 19 urred at <u>9</u> A		May 9,			
	220 SIGNATURE	all NS	7	niente	_		. <u>je</u> b	IED IRECTOR []	STAFF PHYS.			22b. DATE SIGN
	22c PHYSICAN'S NAME (Type)	Charles F	I. S	toredia	r, 11.	D 22d.	Green	oboro	, Maryl	and.		
	BURIAL, CREMAT O REMOVAL (Specify) Burial	N, 236 DATE THEREO		Thomas		R CREMATO	Ground	23d. LOCA	TION (City, town,	or county	, lan	(Stote)
2	FUNERAL DIRECTOR	SIGNATURE ST	200	ADDRESS MAS DOTO.	m	1.	250. REC	D BY REGIS		ISTRAR'S		

may by the property of the haspital ar attending physician.

TO FUNE AL DIRECTOR After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, with 72 hours after death the State Board of Health prior to burial, cremation, ar remaval, and in any event, with his papers. TO HOPPIAL OR TITINEMS THYSMIAN: The law requires that the death certificate by executed within 24 VR A1S (4) TSM 9/59

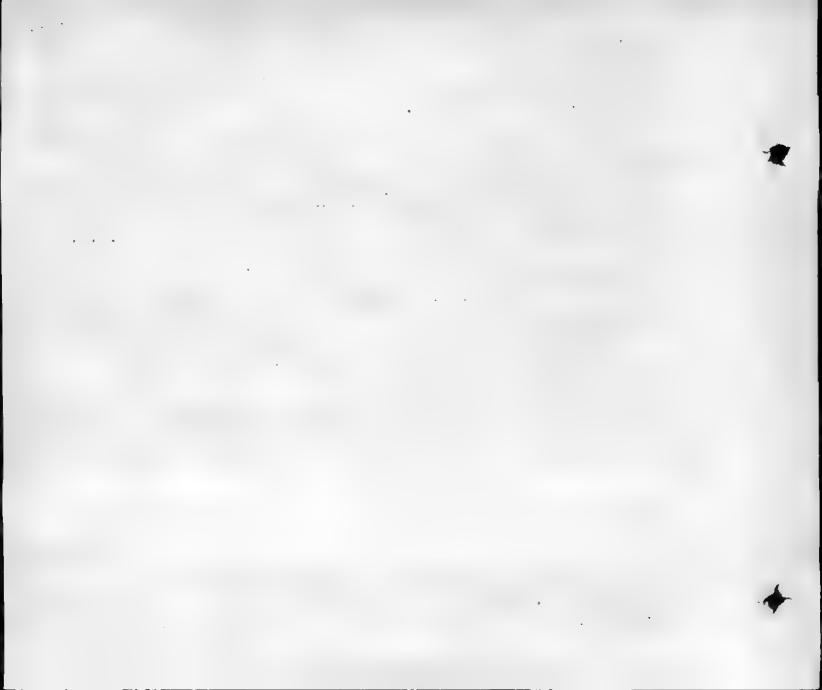
by the funeral director, d 2 shauld be filed with

ond



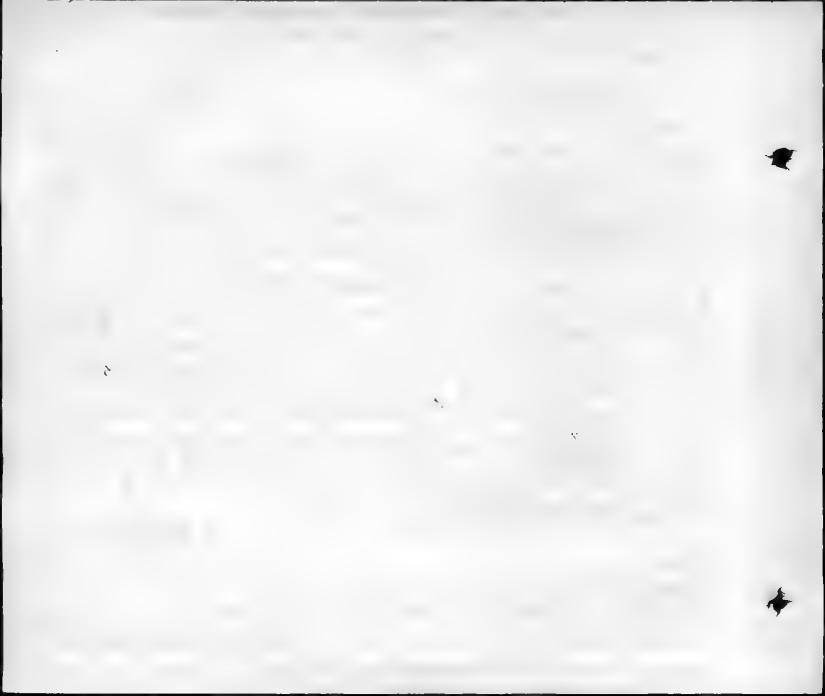
MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Caroline a. STATE Maryland b. COUNTY Caroline MARYLAND b. CITY OR TOWN [If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rural Henderson Yrs. * Rural Henderson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? None None YES IX NO NAME OF First Middle 4. DATE Lost Month DECEASED Carl (Type or print) Larsen DEATH 19 6] 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 5 SEX 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS lost (grithday) Months Dovs White Hount Male 10-24-1893 WIDOWED [7] DIVORCED | YI'S. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None U.S.A. Norway 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Larsen No Record 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO unknown 7386 Helene Bjerge Henderson, Maryland 18. CAUSE OF DEATH [Enter only one cause per liste for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 🗖 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY Not while (State) (County) factory, street, affice bldg., etc.) 19 6 1 of work of work 21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry XI, and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes ... DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO Dawson O. 220 BURIAL CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Greensboro Greensboro, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur & Thous DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH 5400 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY AROLT b. COUNTY MARYLAND 16.0 death. uneral b_CTFY OR TOWN (If outside corporate limits, wr/te c. LENGTH OF STAY IN 16 c. CITY OR fOWDH(If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest to havid d. NAME OF HOSPITAL HI not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE YES TO NO NAME OF First Middle 4. DATE Month Yeor Day DECEASED OF DEATH MMET (Type or print) 196 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Hours Davs WIDOWED I DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life-feven if retired) enter 13 FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 173 INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which permit gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO D Dares 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY tHome, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) G. D. While Not while of work at work 21. I certify that I attended the deceased from 19____,that I last saw the deceased and that death occurred at L_R_M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE hauld PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 226. DATE THEREOF 22d. LOCATION (City,, town, or county) poge . (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE athur S. Krous VS A15 (4) DATE MAY 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. U USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CIPK OR TOWN (If outside corporate firmits c. LENGTH OF STAY IN 1b c, CITY OR TOWN (I autside corporate limits_scrite RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE DECEASED OF (Type or print) 7. MARRIED 5. SEX 6. COLOR OR RACE NEVER MARRIED TE B. DATE OF BIRTH 9. AGE (In yesters IFUNDER TYEAR Months WIDOWED [DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1) LLRTJ 13. FATHER'S NAME 15. WAS DECEASED EVER IN U S ARMED FORCEST 17. INFORMANI 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 64230 4 IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 000 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: This 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lawn) (Caunty) factory, street, affice bldg., etc.) Not while CI. Ph. at work at work p. m. to the Chief Medi. DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X death resulted from: Natural couses 12 Accident Suicide | Homicide . Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER AU NAME (Type) 224. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 122b, DATE THEREOF 22d. LOCATION (City, town, or county) O RINGROVE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 8 '6' SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE YES NO

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IF UNDER 24 HRS.

ON ET AND DEATH

PERFORMED? NO P

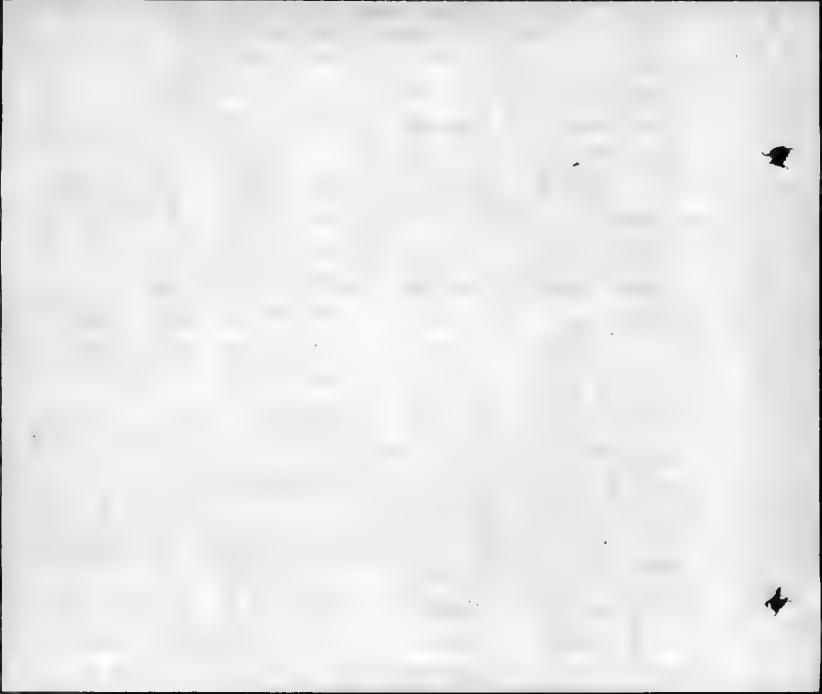
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and find that

CHARLE STAC

(State)

19 6 /



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission), a. COUNTY b. COUNTY () MARYLAND to CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside emparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO IN NAME OF 4. DATE DECEASED DEATH (Type or print) 9. AGE Ile years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. WIDOWED ID DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [] 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, form, 120f (City or town) (County) factory, street, office bldg., etc.) White Not while of work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X, Inquiry A, and find that Accident X. death resulted from: Notural causes . Spicide Homicide , Undetermined couse DATE SIGNED CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 2019 NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220-BURIAL CREMATION, 22d LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) Chilling S. Thatis 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved. If institution; Residence before admission, / is nec. A director. Po. vour files. Health, a. COUNTY b. COUNTY Caroline MARYLAND b CITY OR TOWN (if outs de corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) rederalsburg Life Federalsburg d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar H STREET ADDRESS 9ra] River Rond retained he State B Bloomingdale Avenue 3. NAME OF Midd a DATE Month DECEASED the ames Elmer Prattis May [Type or post)] DEATH os 1, 2, and Page 5 may be res 1 and 2 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH lest birthday) 53 yrs. WIDOWED 1907 Male DIVORCED June 100 USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) done during most of working life, even if retired) 24 hours Sand and Gravel Federalsburg, Maryland 8. Give Pages Day Laborer pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jacobs James Henry Prattis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address with for (Yes, no, or unknwn) (If yes give war or dates of service) certificate should be executed Office along w a burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) s a burial-tr DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Examiner 100 cause last. should be used CERTIFICATION the word ' Medical Ex 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of stam 18.) PRIMARY | or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. writing to Chief / ന 20c, TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year fectory, streat, offica bldg., atc.) While Not While the R: Pz et work el work certificate, 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X 20 execute the certific old be forwarded to VERAL DIRECTO agent, death resulted from. Natural causes X Accident Suscide Homicide I CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF CEMETERY OR CREMATORY REMOVAL (Specify) Hill Cemetery Federal 40 6 Burial 23. FUNERAL DIRECTOR VS. A15ME

a. IS RESIDENCE ON A FARM? YES TO NO TO 1961 19 IF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR) Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Lillie S. Prattis, Federalsburg, Maryland INTERVAL BETWEEN ONSET AND DEATH PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.67 19. WAS AUTOPSY PERFORMED NO (County) (State) Inquiry X and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, lown, or country) (State) Federalsburg, Maryland 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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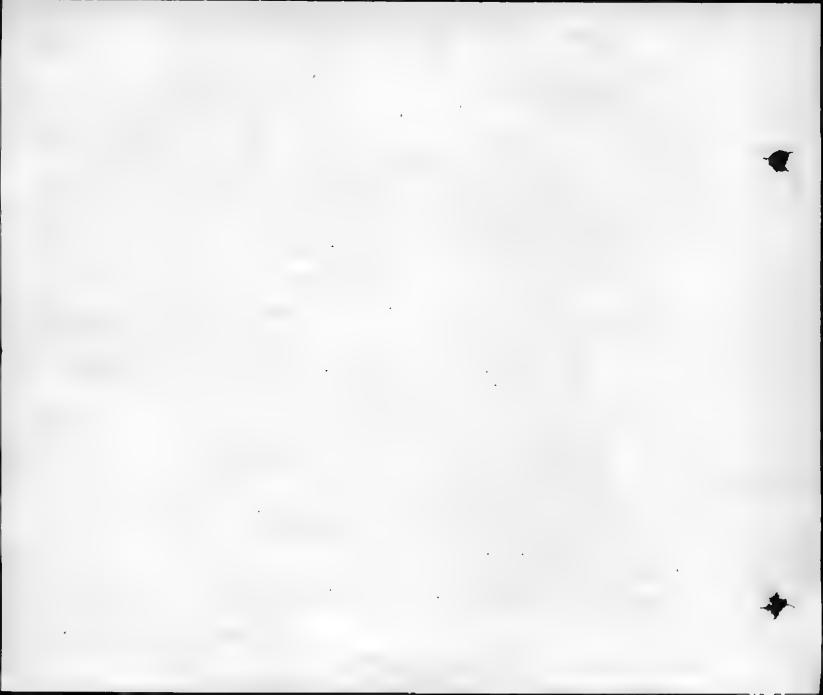
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5408

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) b. COUNTY b. COUNTY MARYLAND Marvland Caroline b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) Rural Yrs. Rural Henderson Henderson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO None None NAME OF First M ddle Last 4. DATE Month Day Yen DECEASED DEATH ages (Type or print) Margaret Strilcic 16 19 6] IF JNDER 1 YEAR IF JNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Female White WIDOWED I'Y DIVORCED | 60 popers. di 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Yugslavia ¹ugslavia Housewife None 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Strilcic Catherine Melcitic 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address Unknown Katherine Marien Henderson. please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) 2 WEEK DUE TO CHAOXIC KEDHAITIS flions, if any, which permit gave rise to immediate DUE TO cause (a), stoting the underlying cause lost. burial-transit CATION PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremation, PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 0. m, While Not while ot wark of wark p. m. to 5-15- 196/, that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased fram. = 186/, and that death accurred a 6P M, from the causes and on the date stated above saw the deceased alive an 5-220 SIGNATURE 22b, DATE SIGNED ATTENDING PHYS STAFF PHYS. MD DIRECTOR [22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) EFNSBORD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, ar county) (Stote) 23a BURIAL CREMATION Burial Specify) 0 Holv 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Circher & House

il director, filed with the funeral a should be fil after death. fil e gug physician ottending þ been signed attending physiciar has After this DIRECTOR: ŏ O HOSR TO FUT VR A15 (4) 15M 9/59



TO DEPLIY ALDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is necessary, please execute X-te certificate, writing the word "pending" in Item 18. Give Pages 1, 2, and 3 to the fune. Linector Page 4 should be for each to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you les. ar remayal. TO ES VS A15ME(5)

5M 9/55

5409 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 5401
1. PLACE OF DEATH O. COUNTY O. STATY ACULDND b. COUNTY AROLENIE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATY ACULDND b. COUNTY AROLENIE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) DAN DEL Middle TAPLEY OF DEATH MAN 30 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN years local distribution MIDR . 2 1898 6. 3 years Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) OF THE COUNTRY? OF WHAT COUNTRY? OF THE COUNTRY? OF THE COUNTRY?
13. FATHER'S NAME UNKnown 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ver. 10., or unknown) (If yes, give wor or dates of service) 577:384 WILSON COKE DENTON M
PART I. DEATH WAS CAUSED BY: MADE A TO A STATE OF THE PART I. DEATH WAS CAUSED BY A STATE OF THE PART I. DEATH WAS CAUSED BY A STATE OF THE PART I. DEATH WAS CAUSED BY A STATE OF THE PART I. DEATH WAS CAUSED BY
Conditions, if ony, which BIMy or and its Phronis Several
(a), stoting the underlying DUE TO (c) (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTION
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 20d. INJURY (State)
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection Z, Inquiry Z, and find that death resulted fram: Natural causes Z, Accident, Suicide, Hamicide, Undetermined cause
ACTUAL SIGNATURE VOLUSION OF LONG M.D. CHIEF MEDICAL EXAMINER (
EXAMINER'S PRINCEN OF THE WAR THE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
BENCY SOCIAL CREMATION. 224 DATE THEREOF 22c. NAME OF GENETERY OR CREMATORY 22d., LOCATION (City, lown, or county) (State) BUILDING HOLD LIGHT THEREOF (State)
23. FUNERAL DIRECTOR'S SIGNATURE LUVDRODIMO PRO DATE JUN 6 '61 CATHUR S. THAMA

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. With director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutionic Residence before admission) filed o. COUNTY b COUNTY! 7859 LIEN MARYLAND death. era b. CITY OR LOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town). the fune d. NAME OF MOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE YES NO TO NAME OF 4. DATE DECEASED within 24 OF DEATH (Type or print) 6 FIL 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years tost byrthday) IF UNDER I YEAR IF UNDER 24 HPS completely Doys Months on papers. death. DIVORCED | WIDOWED IV yes 10a. USDA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. dutum most of working life, even if retired) BIRTHPLACE (Stole or foreign-epuntry) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN 16. SOCIAL SECURITY NO. Address attending 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Coronary atherosclerosis 5 Yrs DUE TO General atherosclerosis permit. in any Conditions, if any, which yr gove rise to immediate DUE TO couse (o), stating the underlying couse tast. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY fHome, farm, Day, Year 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. n. Not while of work of work 21. I certify that I attended the deceased from Sept May that I last saw the deceased detached gad that death accurred at 11 D.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 406 Market plant PHYSICIAN'S E. Paul Knotts M. D. Denton. Md NAME [Type] 270 BURIAL CREMATION. 22b. DATE THEREOF 224 NAME OF CEMETERY OF CREMATORY 22d. JQCATION (City, town, pr.county) REMOVAL (Specify) Settle -EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 0 '61

15M 9/55

Certing S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH

Year

(Stote)

SIGNED



b. CITY OR TOWN (If outside carporate limits, write

RURAL and give nearest town

Caroline

PLACE OF DEATH

a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

05404

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Maryland

b. COUNTY Caroline

1	NA)	
1	IVI	
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urs after death. Page

the funeral a n by and 2 by the attending physician and campletely filled Pages 1 Then please remave carban papers. Pages and in any event, within 72 haurs after death AL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. e Board of Health prior to burial, crematian, ar remaval, ar remaval, page '3 sh the State 8

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within O HOSP TO FUR VR A15 (4) 15M 9/59

Rural		6 Months	Rural G	reensboro	\times						
d. NAME OF HOSP OR INSTITUTION		ve street address)	d. STREET ADDRESS	None	. 0	RESIDENC					
3. NAME OF DECEASED (Type or print)	Firs Mary	Middle	Wheeler	4. DATE OF DEATH	Month Day 5	Year 196					
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I							
Female	White	WIDOWED TO DIVORCED	2-25-1875	lost bir		lors Mil					
100. USUAL OCCUPAT during most of wo Housewi	rking life, even if retired)	ne 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (SIG		U.S.A.	AT COUNT					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME.	-3						
3	ohn Hughe	S	Margan	ret Buckma	ster						
15. WAS DECEASED EV [Yes, no. or unknown) NO	ER IN U. S. ARMED FORC (If yes, give wor or doles of se		Elizabeth J	Longfellov	Address Greensboro	, Md					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion										
gove rise to	Conditions, if ony, which gove rise to immediate Discontinuous Discontin										
	lying couse lost. Column										
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	YAS UNDERLYING ☐ G☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury	in Part 1 or Part 11 of item	1B.)						
20c. TIME OF INJU	10	20d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (Home, for foctory, street, office bldg.,	arm, 20f. (City or town)	(County)	(St					
	21. 1 certify that (1) (this hospital) attended the deceased fram. Jan. 10 1261 to May 6, 1961 that (1) (we) la saw the deceased alive an May 6, 1961 and that death accurred of A M, from the causes and an the date stated above										
220 SIGNATURE	220 SIGNATURE Clearle X Theorifee M.D. PHYS. DIRECTOR DIRECTOR PHYS. D										
NAME (Type)	22d ADDRESS NAME (Type) Charles H. Stones fer M.D. Greensboro, Md.										
230. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 236. DATE THEREO			Greensbo		(Stole)					
2. UNERANDIRECTO	R'S SIGNATURE	Greensbore		EC'D BY REGISTRAR 25	Chilling S. Khara						
V -					_ = = =================================						

AGARD SCHOOL STREET F. E. Para land and Street and St

urs ofter death. Page 4

The same

may statement by the haspital or attending physician.

S FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haugs offer death.

o, COUNTY	Caroline		MARYL	AND	2. USUAL RESID	aryl		b. COUNTY	~	-	e odmissi ine	on)
	N (If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR T	OWN (IF ou	utside corpo	rote limits, write R	URAL ond	give nea	rest town	
Rural and give	Greensboro		70 YI	rs.	X	Rura	1 Gr	eensbor	0			
d. NAME OF HO	SPITAL (If not in hospital, g	ive street o	ddress)		d. STREET A	DDRESS					e. 15 RESI	DENCE FARM?
OK INSTITUTION	None						N	one			YES K	
3. NAME OF DECEASED	Fir	S)	Middle	-	Lost		4. DATE OF	Mon	rth	Do	y Y	eor
(Type or print)	Beniah		Lewis	WC	thers		DEATH	May		4		961
5. SEX	6. COLOR OR RACE	7: MARRE	ED NEVER MARRIE	0 0	L DATE OF BIRTH			9. AGE (In years last birthday)	Months	Doys Doys	Hours	R 24 HRS. Min.
Male	Cau.	WIDOWE	DIVORCED		11-20-	1876		84 yrs.	MOINING	Doys	110015	MITH.
10a, USUAL OCCUPA	ATION (Give kind of work working life, even if retired	done 10b. K	IND OF BUSINESS OF	INDUS	TRY 11. BIRTHPU	ACE (State o	or foreign co	ountry)	12. CIT	ZENOF	WHATCH	DUNTRY?
Farmin			arm Owner	C	Mar	ylan	.d.			U	.S.	A .
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	William Wo	ther	S		9	arah	?					
15. WAS DECEASED	EVER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17, IN	FORMANT			Add	ress			
No. No. or ununown)	(If yes, give war or dates of s	P1	3-22-7274	+ (Charles	Wot	hers	Gree	nsbo	ro.	Md	
18. CAUSE OF	DEATH [Enter anly one co	use per line	for (o), (b), and (c).]								RVAL BET	
PART I.	DEATH WAS CAUSED BY:	1	Cor	cona	ry Occ	lusic	n			ONS	ET AND	DEATH
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Conditions, i	fony, which) (b		Art	eri	oskler	otte	Cand	iovascu	Ton			
gave rise to	immediate Dus To			eas		0020	454	TO ALTERIAL				
lying couse la	ng me under-											
	OTHER SIGNIFICANT CON	T	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	T 1(o) 1	9. WAS /	UTOPSY
CATIC											YES	RMED?
	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OF	CURRED	Enter nature of	injury in P	ort I or Por	t II of item 18.)				
20c. TIME OF IN		or 20d. IN	JURY OCCURRED		CE OF INJURY (or town)	(County)		(Stote)
Hour o.	10	While of work	Not white	100	tory, street, office	Diag., etc.	1					
				r	Apr. 2	+ 196	57	Moy 4	106	7 4	-1 (D) (-11.
	that (I) (this haspital eased alive an Ma	y 4	19_61 and				13		, 19 <u>6</u> nd an th			
220 STONATUR	1 101-		1									DATE
(Ma	ile, X OTO	rees	ekel_	٨	A.D. PHYS.	DIR	D. RECTOR	STAFF PHYS.				3101120
22c. PHYSICIAN NAME (Typ	'S		1		22d. ADDRE	SS						
	Chas. H.St	ones	far, M.D		Gre	eensb	oro.	Md.				70000
230 BURIAL, CREMA	TION, 236, DATE THEREC)F	23c NAME OF CEME	TERY OF	CREMATORY		23d. LOCA	TION (City, town,	or county)		(State)
Buria	1" 5-7-61		Bursvill	le			Burs	ville.	Del.			
24, FUNERAL DIRECT	OR'S SIGNATURE	h	ADDRESS		37.3	250. REC'E	BY REGIST	TRAR 25b. REGI	STRAR'S SI	10		
Doll-	- 18 - V-	4	Greensb	oro	, Md.	DATEMA	9 '6	an	Mus S.	Thom	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A TO FU VR A15 (4) 15M 9/59

